or each in	BUREAU OF VI	SOARD OF HEALTH TAL STATISTICS IFICATE OF BIRTH State File No. 170 Registered No. 170
number	County Vila	State Migoria
	District or Township	or Village
G Che	City No. /055 (MANUS UMC. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
r KECORD	2. Pull name of child Mato Asonorich	{ If child is not yet named, make supplemental report, as directed.
	3. Sex of Child To be answered ONLY 1. Twin, triplet or other in event of plural births. 5. No., in order of birth.	7. Date of birth 10 - 28, 1921
IS A PERMENEN S	8. FATHER Rull name Mato asmovich	14. MOTHER Full maiden name Hate Florence Burick
	9. Residence (Usus) place of abode) Miami,	15 Residence (Usual place of abode) Miami
THIS	If non-resident, give place and state. Angona:	If non-resident, give place and state.
INK—THIS FE RETURN birth stated	10. Color or race	16 Color or race
	Cauc. 11. Age at last birthday 29 (Years)	Cauc. 17. Age at last birthday 24 (Years)
UNFADING	12. Birthplace (city or place) Dalmatia,	18. Birthplace (city or place)
UND 4	(State or country) WWW Slawa.	(State or country)
H	13. Occupation Pastry Cook	19. Occupation
Y WI	Nature of industry California Plataurant	Nature of industry Housewife
Arnt.	20. Number of children of this mother	nd now living 21. Were precaution taken against oph-
one ((Taken as of time of birth of child herein certified and including this child.) (b) Born alive b	glo
R.T.b.	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE® 1 30 Cm, on the date above stated	
I hereby certify that I attended the birth of this child, who was the divergence of stillborgs of stillborgs of stillborgs of stillborgs of the still borgs of stillborgs of the still borgs of the still b		Born alive or stillborn
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
200	Given name added from	Nicomi arisona.
B. – Ir	Month, day, year	
Ż	Registrar	Registrar
4	4/	8-11128-292

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